

**Department of State  
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Sequence Number: \_\_\_\_\_

Notice ID(s): \_\_\_\_\_

File Date: \_\_\_\_\_

# Notice of Rulemaking Hearing

*Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For questions and copies of the notice, contact the person listed below.*

<b>Agency/Board/Commission:</b>	Tennessee Department of Human Services
<b>Division:</b>	Family Assistance
<b>Contact Person:</b>	Kim Summers
<b>Address:</b>	Office of General Counsel Citizens Plaza Building, 15th Floor 400 Deaderick Street Nashville, Tennessee 37243-1403
<b>Phone:</b>	615-313-4731
<b>Email:</b>	Kim.Summers@tn.gov

*Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:*

<b>ADA Contact:</b>	Jeffrey Blackshear
<b>Address:</b>	Office of General Counsel Citizens Plaza Building, 15th Floor 400 Deaderick Street Nashville, Tennessee 37243-1403
<b>Phone:</b>	615-313-4731
<b>Email:</b>	jeffrey.blackshear@tn.gov

**Hearing Location(s)** (for additional locations, copy and paste table)

Address 1:	Citizens Plaza Building, 2 <sup>nd</sup> Floor Conference Room #1		
Address 2:	400 Deaderick Street		
City:	Nashville		
Zip:	37243-1403		
Hearing Date :	05/25/10		
Hearing Time:	6:30 PM	<input checked="" type="checkbox"/> CST <input type="checkbox"/> EST	

Address 1:	Conference Room A, 7th Floor		
Address 2:	531 Henley Street		
City:	Knoxville		
Zip:	37902		
Hearing Date :	05/25/10		
Hearing Time:	6:30 PM	<input type="checkbox"/> CST <input checked="" type="checkbox"/> EST	

Address 1:	Donnelley J. Hill State Office Building, 2 <sup>nd</sup> Floor Auditorium		
Address 2:	170 North Main Street		
City:	Memphis		

Zip:	38103		
Hearing Date :	05/27/10		
Hearing Time:	6:30 PM	<u>  X  </u> CST <u>  </u> EST	

**Additional Hearing Information:**

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**Revision Type (check all that apply):**

- ☒ Amendment  
☐ New  
☐ Repeal

**Rule(s)** (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
1240-01-08	Definitions and Abbreviations
Rule Number	Rule Title
1240-01-08-.01	Definitions

Chapter Number	Chapter Title
1240-03-01	General Rules
Rule Number	Rule Title
1240-03-01-.02	Definitions

Chapter 1240-01-08  
Definitions and Abbreviations

Amendments

Rule 1240-01-08-.01, Definitions, is amended by adding a new paragraph (74), and renumbering all subsequent paragraphs accordingly, so that the new paragraph (74) shall read as follows:

- (74) Services. In addition to services related to eligibility for program benefits, services to applicants and recipients shall also include the release of information from program files that is deemed necessary to protect the safety and / or well-being of the applicant / recipient, in the event that the applicant / recipient is reasonably considered to be a danger to him / herself or others based on information provided by the applicant / recipient or his / her household or assistance group. The release of information in these circumstances shall be considered integral to the administration of the program.

Authority: 45 C.F.R. § 205.50(a)(1)(i)(A); 7 C.F.R. § 272.1(c)(1)(i).

Chapter 1240-03-01  
General Rules

Amendments

Rule 1240-03-01-.02, Definitions, is amended by adding to paragraph (1) a new subparagraph (jj), and relettering all subsequent subparagraphs accordingly, so that the new subparagraph (jj) under paragraph (1) shall read as follows:

- (jj) Services. In addition to services related to eligibility for program benefits, services to applicants and recipients shall also include the release of information from program files that is deemed necessary to protect the safety and / or well-being of the applicant / recipient, in the event that the applicant / recipient is reasonably considered to be a danger to him / herself or others based on information provided by the applicant / recipient or his / her household or assistance group. The release of information in these circumstances shall be considered integral to the administration of the program.

Authority: 42 C.F.R. § 431.302.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Officer: Kim Summers

Title of Officer: Deputy General Counsel

Subscribed and sworn to before me on: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

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Filed with the Department of State on: \_\_\_\_\_

\_\_\_\_\_  
Tre Hargett  
Secretary of State